

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N018010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/19/2016
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

ALDERBROOK VILLAGE LLC

**402 WINDSOR ROAD
ARKANSAS CITY, KS 67005**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS The following citations represent the findings of resurvey with complaint #101770 at the above named facility on 7-12-16, 7-13-16, 7-18-16, and 7-19-16.	S 000		
S3200 SS=E	26-41-205 (d) (1-2) Facility Administration of Medications (d) Facility administration of resident ' s medications. If a facility is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the facility has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(d) The facility identified a census of 24 residents. The sample included 3 residents. Based on record review and interview for 1 (#111) of 3 residents sampled, the operator failed to ensure that all medications are administered to each resident in accordance with a medical care provider's written order, professional standards of	S3200		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S3200	<p>Continued From page 1</p> <p>practice, and each manufacturer's recommendations.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Record review for resident #111 revealed an admit date of 5-7-14 with diagnoses of confusion, acute depression, muscle weakness, glaucoma, and neurocognitive disorder due to alzheimer's. <p>The functional capacity screen dated 10-29-15 recorded resident required physical assist with management of medications.</p> <p>The negotiated service agreement/ health care service dated 10-29-15 recorded facility staff will administer medications and order/coordinate medications between family, health care providers and pharmacy.</p> <p>The record contained medical care provider's orders for escitalopram oxalate (lexapro) 20 milligrams (MG) for depression on 4-22-16.</p> <p>The medication administration record (MAR) recorded resident received escitalopram oxalate (lexapro) 20 MG daily at 8:00 a.m. 5-15-16 thru 6-6-16 when resident was transferred to hospital.</p> <p>On 7-12-16 at 2:00 p.m. received a written witness statement from licensed staff C that stated, "escitalopram (lexapro) 20 MG had not been given for five days on the following dated 5-31-16 thru 6-6-17 (should be 6-6-16). Resident had not received medication and staff signed as being given."</p> <p>The resident log notes dated 6-6-16 at 10:25 a.m. recorded: Contacted medical care provider regarding lexapro refills. Medical care provider</p>	S3200		

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S3200	Continued From page 2 verbalized calling refill orders into the pharmacy. Signed licensed staff C. Written information submitted to the department on 6-16-16 at 5:17 p.m. from licensed staff C reported the following on resident #111, "Lexapro first reordered by certified staff from pharmacy on 5-22-16 and second reorder on 5-26-16 after last dose given on 5-25-16 and reordered third time on 5-31-16. On 6-6-16 licensed staff C contacted pharmacy to check status of lexapro refill. . . at 10:25 on 6-6-16 received notification refills had been call into pharmacy." The resident did not received escitalopram (lexapro) as ordered by medical care provider. The resident received last dose of escitalopram (lexapro) for depression on 5-25-16 at 8:00 a.m. and resident was transferred to hospital on 6-6-16 due to self-inflicted wounds. The resident did not received 11 doses of escitalopram (lexapro) for depression as ordered by medical care provider. For resident #111, the operator failed to ensure that all medications are administered to each resident in accordance with a medical care provider's written order, professional standards of practice, and each manufacturer's recommendations.	S3200			
S3211 SS=E	26-41-205 (g) (3) OVER THE COUNTER DRUGS (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place	S3211			

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S3211	<p>Continued From page 3</p> <p>the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container.</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-41-205(g)(3)</p> <p>The facility identified a census of 24 residents. The sample included 3 residents and 4 focus review residents. Based on record review, interview, and observations for 1 (#222) of 3 residents sampled and 4 (#139, #216, #118, #117) of 4 focus reviewed residents, the licensed nurse failed to place residents full name on the medication container, tube or bottle.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - On 7-12-16 at 11:05 a.m. observed Over The Counter (OTC) medications without residents full name on the following medications: <p>For resident #222, novolog flex pen (insulin) not labled.</p> <p>For resident #139, tylenol extra strength (expired 5-20-16), centrum silver, and caltrate.</p> <p>For resident ##216, vitamin C, slow mag, and tums.</p> <p>For resident #118, coconumt oil, glucosamine sulfate, fish oil, bayer aspirin, red yeast rice, and ginkgo biloba.</p>	S3211		

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S3211	Continued From page 4 For resident #117, melatonin. Interview on 7-12-16 at 11:15 a.m. with certified staff B stated, the OTC medications used to have residents name, date, and how often medication to be administered when facility was a different name. Interview on 7-12-16 at 11:20 a.m. with licensed nurse C stated and confirmed OTC medications lacked residents full name on them. For residents #222, #139, #216, #118, and #117, the licensed nurse failed to place residents full name on the medication container, tube or bottle.	S3211		
S3248 SS=E	26-41-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following documentation: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult	S3248		

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S3248	<p>Continued From page 5</p> <p>care home, from the nurse aide registry in each state in which the individual has been known to have worked as a certified nurse aide.</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-41-102(d)(2)</p> <p>The facility identified a census of 24 residents. The sample included 3 residents. Based on 3 of 4 employee records reviewed, the operator failed to ensure the employee records contained supporting documentation for criminal background checks pursuant to K.S.A. 39-970.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of personnel records on 7-13-16 at 11:15 a.m. with management staff revealed certified staff E hired on 5-19-16, certified staff F hired on 1-27-16, and certified staff G hired on 3-11-16 lacked documentation of criminal background check per K.S.A. 39-970. <p>Interview on 7-13-16 at approximately 11:15 a.m. with management staff stated and confirmed the employee records lacked a criminal background check per K.S.A. 39-970.</p> <p>For certified staff E, F, and G, the operator failed to ensure the employee records contained supporting documentation for criminal background checks pursuant to K.S.A. 39-970.</p>	S3248		

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S3280	Continued From page 6	S3280		
S3280 SS=E	<p>26-41-104 (d) Disaster and Emergency Preparedness</p> <p>(d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following:</p> <p>(1) Orientation of new employees at the time of employment to the facility ' s emergency management plan;</p> <p>(2) education of each resident upon admission to the facility regarding emergency procedures;</p> <p>(3) quarterly review of the facility ' s emergency management plan with employees and residents; and</p> <p>(4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location.</p> <p>This REQUIREMENT is not met as evidenced by: KAR 26-41-104(d)(3)</p> <p>The facility identified a census of 24 residents. The sample included 3 residents. Based on record review, and interview for all residents, the operator failed to ensure a quarterly review of the emergency management plan with residents.</p> <p>Findings included:</p> <p>- Review of disaster and emergency management plan on 7-12-16 at 12:00 p.m. identified quarterly review of emergency management plan with employees. The review lacked quarterly review with residents.</p>	S3280		

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S3280	Continued From page 7 Interview on 7-12-16 at 12:10 p.m. with management staff stated and confirmed the quarterly review of emergency management plan was not reviewed with residents. For all residents, the operator failed to ensure a quarterly review of the emergency management plan with residents.	S3280		
S3296 SS=E	26-41-206 (c) (1) Dietary Services Weekly Menu (c) (1) Menu plans shall be available to each resident on at least a weekly basis. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(c)(1) The facility identified a census of 24 residents. The sample included 3 residents. Based on record review, interviews and observations for all residents, the operator failed to ensure menu plans available to each resident on at least a weekly basis. Findings included: - Tour of kitchen and dining area on 7-12-16 at 10:40 a.m. revealed a menu board with lunch menu of pork cutlet, potato cakes, zucchini, apple carrot salad, and ice cream. Interview on 7-12-16 at approximately 10:40 a.m. with dietary service director stated he/she posted a daily menu on the menu board and did not have a weekly menu posted. The weekly menu is in the kitchen note book with other weekly menus.	S3296		

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S3296	Continued From page 8 The dietary service director stated he/she did not have a weekly menu available to each resident. For all residents, the operator failed to ensure menu plans available to each resident on at least a weekly basis.	S3296			